

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO**

IN RE:

**EMMA IRIS TRINIDAD ROJAS
DEBTOR(S)**

CASE NO. 09-02219 ESL13

CHAPTER 13

**INFORMATIVE MOTION
(AMENDED SCHEDULES I AND J)**

TO THE HONORABLE COURT:

Come now(s) Debtor(s), represented by the undersigned attorney, and represents as follows:

1. Debtor(s) inform(s) of the separate filing of an Amended Schedules I and J to pursuant to Rule 1009:

a. Amended Schedule I: to rearrange income and expenses to comply with payment plan schedule.

b. Amended Schedule J: to rearrange income and expenses to comply with payment plan schedule.

WHEREFORE applicant(s) pray(s) from this Honorable Court to take notice and allow the filing of the amended schedules.

RESPECTFULLY SUBMITTED.

WHEREFORE, the petitioning Creditor pray(s) from this Honorable Court to take notice of the aforementioned and allow the filing of the documents attached hereto.

NOTICE: Within fourteen (14) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the

requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

CERTIFICATE OF SERVICE: I hereby certify that on this same date I electronically filed the above document with the Clerk of the Court using the CM/ECF System which will send a notification of such filing to all C/MECF participants in this case, including: Chapter 13 Trustee, and to the Assistant U.S. Trustee. Furthermore, I hereby certify that I mailed this document by First Class Mail postage prepaid to the non CM/ECF participants included in the attached master address list of record.

RESPECTFULLY SUBMITTED.

In San Juan, Puerto Rico, March 5, 2010.

s/JOSE L. JIMENEZ QUINONES

José L. Jiménez Quiñones, Esq.

USDCPR 203808

268 AVE. PONCE DE LEON

Suite 1118

San Juan, P.R. 00918-2007

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jljimenez11@gmail.com

IN RE TRINIDAD ROJAS, EMMA IRIS

Case No. _____

Debtor(s)

(If known)

AMENDED SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status Single	DEPENDENTS OF DEBTOR AND SPOUSE																
	RELATIONSHIP(S):	AGE(S):															
<table border="1"> <tr> <td>EMPLOYMENT:</td> <td>DEBTOR</td> <td>SPOUSE</td> </tr> <tr> <td>Occupation</td> <td>See Schedule Attached</td> <td></td> </tr> <tr> <td>Name of Employer</td> <td></td> <td></td> </tr> <tr> <td>How long employed</td> <td></td> <td></td> </tr> <tr> <td>Address of Employer</td> <td></td> <td></td> </tr> </table>			EMPLOYMENT:	DEBTOR	SPOUSE	Occupation	See Schedule Attached		Name of Employer			How long employed			Address of Employer		
EMPLOYMENT:	DEBTOR	SPOUSE															
Occupation	See Schedule Attached																
Name of Employer																	
How long employed																	
Address of Employer																	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)

DEBTOR SPOUSE

2. Estimated monthly overtime

3. SUBTOTAL**4. LESS PAYROLL DEDUCTIONS**

a. Payroll taxes and Social Security

b. Insurance

c. Union dues

d. Other (specify) _____

5. SUBTOTAL OF PAYROLL DEDUCTIONS**6. TOTAL NET MONTHLY TAKE HOME PAY**

7. Regular income from operation of business or profession or farm (attach detailed statement)

8. Income from real property

9. Interest and dividends

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

11. Social Security or other government assistance

(Specify) **SOCIAL SECURITY**

12. Pension or retirement income

13. Other monthly income

(Specify) _____

14. SUBTOTAL OF LINES 7 THROUGH 13**15. AVERAGE MONTHLY INCOME** (Add amounts shown on lines 6 and 14)

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

\$ **1,413.36**

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

Debtor(s)

AMENDED SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 1 of 1

EMPLOYMENT:	DEBTOR	SPOUSE
Occupation	RETIRED—SOCIAL SECURITY	
Name of Employer	RETIRO - CENTRAL ADM. DE LOS SISTEMAS DE RE	
How long employed	8 years	
Address of Employer	PO BOX 42003 SAN JUAN, PR 00940	
Occupation		
Name of Employer	SOCIAL SECURITY RECIPIENT	
How long employed	5 years	
Address of Employer		

IN RE TRINIDAD ROJAS, EMMA IRIS

Case No. _____

Debtor(s)

(If known)

AMENDED SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ _____
a. Are real estate taxes included? Yes _____ No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes _____ No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ _____
b. Water and sewer	\$ _____
c. Telephone	\$ _____
d. Other	\$ _____
3. Home maintenance (repairs and upkeep)	\$ _____
4. Food	\$ 250.00
5. Clothing	\$ 24.00
6. Laundry and dry cleaning	\$ _____
7. Medical and dental expenses	\$ _____
8. Transportation (not including car payments)	\$ 50.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ _____
10. Charitable contributions	\$ _____
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ _____
b. Life	\$ _____
c. Health	\$ _____
d. Auto	\$ _____
e. Other	\$ _____
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)	\$ 16.00
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ _____
b. Other <u>AUTO MAINTENANCE</u>	\$ 25.00
14. Alimony, maintenance, and support paid to others	\$ _____
15. Payments for support of additional dependents not living at your home	\$ _____
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ _____
17. Other <u>PERSONAL CARE & GROOMING</u>	\$ 70.36
<u>PAÑALES</u>	\$ 130.00
<u>NURSE</u>	\$ 560.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$ 1,125.36

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:
None

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$ 1,413.36
b. Average monthly expenses from Line 18 above	\$ 1,125.36
c. Monthly net income (a. minus b.)	\$ 288.00

IN RE TRINIDAD ROJAS, EMMA IRIS

Case No. _____

Debtor(s)

(If known)

AMENDED DECLARATION CONCERNING DEBTOR'S SCHEDULES**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 3 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: March 4, 2010

Signature: /s/ EMMA IRIS TRINIDAD ROJAS
EMMA IRIS TRINIDAD ROJAS

Debtor

Date: _____ Signature: _____

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Label Matrix for local noticing
0104-3
Case 09-02219-ESL13
District of Puerto Rico
Old San Juan
Fri Mar 5 11:32:48 AST 2010

US Bankruptcy Court District of P.R.
U.S. Post Office and Courthouse Building
300 Recinto Sur Street, Room 109
San Juan, PR 00901-1964

CRIM
P.O. BOX 195387
SAN JUAN, PR 00919-5387

DORAL BANK
DPTO. DE CONSUMO
PO BOX 308
CATANO, PR 00963-0308

LELAND SCOTT (original creditor:NU
P O BOX 2205
MANSFIELD, TX 76063-0040

PR TELEPHONE
POB 70239
SAN JUAN, PR 00936-8239

TREASURY SECRETARY
DEPARTAMENTO DE HACIENDA
P.O. BOX 9024140
SAN JUAN, PR 00902-4140

EMMA IRIS TRINIDAD ROJAS
CALLE 114 BH18
JARDINES DE COUNTRY CLUB
CAROLINA, PR 00983-2015

RECOVERY MANAGEMENT SYSTEMS CORP
GE MONEY BANK (WALMART DISCOVER CARD)
25 SE 2ND AVE
SUITE 1120
MIAMI, FL 33131-1506

CITIBANK
P.O. BOX 70319
SAN JUAN, PR 00936-8319

Citifinacial
P.O. BOX 1465
Bayamon, PR 00960-1465

DORAL BANK
P.O. BOX 191191
SAN JUAN, PR 00919-1191

LVNV FUNDING LLC (original creditor
PO BOX 740281
HOUSTON, TX 77274-0281

RELIABLE FINANCIAL SERVICES
P.O. BOX 21382
SAN JUAN, PR 00928-1382

Vativ Recovery Solutions, LLC
As Agent for Palisades/Ata Funding
PO BOX 19249
Sugar Land TX 77496-9249

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7930 NW 110TH STREET
KANSAS CITY, MO 64153-1270

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SAINT CLOUD, MN 56303-0820

LVNV Funding LLC
Resurgent Capital Services
PO Box 18587
Greenville, SC 29603-0587

RELIABLE/F
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RIO PIEDRAS, PR 00928-1382

ALEJANDRO OLIVERAS RIVERA
ALEJANDRO OLIVERAS, CHAPTER 13 TRUST
PO BOX 9024062
SAN JUAN, PR 00902-4062

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OFFICE OF THE US TRUSTEE (UST)
OCHOA BUILDING
500 TANCA STREET SUITE 301
SAN JUAN, PR 00901-1938

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(d)CRIM
PO BOX 195387
SAN JUAN, PR 00919-5387

End of Label Matrix
Mailable recipients 23
Bypassed recipients 1
Total 24